<b>*</b>				Classificat		·			***	
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I. TITLE OF REP	ORT (if a f	ill-in report i	nclude Form	No.)			2. TYPE OF	X STATIS	STICAL	
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3. FUNCTIONAL A	REA X	X LOGISTICS		SECURITY				specify)		
4. NO. OF COPIES PREPARED		MEDICAL	, <u> </u>	FINANCE						
4. NO. OF COPIE	S PREPAREU	'					DISTRIBUTION (No. of components not number of copies)			
7. FORMAT (memorandum, form		Semi-Monthly  8. ADP PROCESSING					RECTIVE AUTHORITY REQUIRING REPORT			
computer pri	computer print-out, etc)		X YES IF YES GIVE ADP PROCESSING NO.				ye bincorre nothoniri negothing neroni			
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10. PREPARING CO	MPONENT (ind	clude lowest le n to report)	vel	FEEDER RE	PORTS (Sta or nomenc	te total	number an Attach se	d identify parate shee	by Title, t if necessary.)	
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13. COMPLETE DET	AILED JUSTIF	ICATION FOR TH	IS REPORT (II	n addition	to directi	ive or a	uthority ci	ited in item	9). IF KNOWN,	
INGLUDE DATE	REPORT WAS	FIRST STARTED	AND COMPONENT	F WHO ESTAB	BLISHED REQ	UIREMENT	ſ <b>.</b>			
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			14. FUT	URE GOAL	S		· · · · · · · · · · · · · · · · · · ·			
· · · · · · · · · · · · · · · · · · ·	GOAL PROPOSED BY COMPONENT FOR THIS REPORT								ED SAVINGS	
X RETAIN AS IS OTHER (explain)								AN-HOURS	DOLLARS	
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16. DATE OF INVEN		. NAME AND TITL	E OF PERSON	FURNISHING	INFORMATI	ON			18. EXTENSION	
5 Oct 1970	Approved	For Release	<del>2006/09/</del>  2 <u>5</u>	:ACIA-RD	R75-0039	9 <b>R000</b>	10012017	0-6		
FORM 71.2				Classificat		,				
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